

JAN. 17. 2006 5:43PM EDWARDS LEGAL DEPT. 949-250-6885 1/001 Fax NO. 3230r P. 11/16
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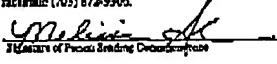
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|--|---------------------------------|--------------------------------|---|
| JUN. 20, 2005 8:27:37 AM EDWARDS LEGAL DEPT. 949-250-6885 | | 10, 2619 P 1/13 | |
| TRANSMITTAL LETTER (General - Patent Pending) | | Docket No. See Attachment A | |
| In Re Application Of See Attachment A | | | |
| Application No. See Attachment A | Filing Date See Attachment A | Examiner 30463 | Customer No. Group Art Unit Confirmation No. |
| Title: See Attachment A | | | |
| COMMISSIONER FOR PATENTS: | | | |
| Transmitted herewith is: Attached please find a Duplication Requestor of Power of Attorney and Appointment of New Power of Attorney for each of the applications and patent listed in Attachment A which were filed to the USPTO on March 24, 2005. (Please see automated return receipt confirmation of transmission.) | | | |
| Applicant was informed by a PTO representative that the New Power of Attorneys have not been entered for any of the cases listed in Attachment A. Please enter the New Power of Attorneys immediately to reflect the March 24th filing date. If you have any questions, please contact the undersigned. Thank you. | | | |
| In the above identified application. | | | |
| <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 60-1238 as described below. <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment _____ <input type="checkbox"/> Charge any additional fee required. <input type="checkbox"/> Payment by credit card. Form PTO-2036 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036. | | | |
|  Dated: June 20, 2005 David L. Bauer, Reg. No. 42,613 Edwards Lifesciences LLC One Edwards Way Legal Department Irvine, California 92614 Telephone No.: (949) 250-6878 Facsimile No.: (949) 250-6850 | | | |
| I hereby certify that this paper and all enclosed are being filed via facsimile on June 20, 2005 to Commissioner for Patents or facsimile (703) 372-9300.  Michael A. Bauer Attorney for Plaintiff Type or Print Name of Person Signing Correspondence | | | |

CC:

PAGE 11/16 * RCVD AT 6/17/2006 8:37:08 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/27 * DNI:2738300 * CSID:19492506885 * DURATION (mm:ss):05:44

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NO. 3230 P. 12/16

P. 1

* * * COMMUNICATION RESULT REPORT (JUN. 20. 2005 5:32PM) * * *

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13/13

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TRANSMITTAL LETTER (General - Patent Pending)

Docket No.
See Attachment A

In Re Application Of: See Attachment A

| | | | | | |
|-------------------------------------|---------------------------------|----------|-----------------------|----------------|------------------|
| Application No. See Attachment A | Filing Date See Attachment A | Examiner | Customer No. 30452 | Group Art Unit | Confirmation No. |
|-------------------------------------|---------------------------------|----------|-----------------------|----------------|------------------|

Title: See Attachment A

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Attached please find a Duplicate Revocation of Power of Attorney and Appointment of New Power of Attorney for each of the applications and patent listed on Attachment A, which were faxed to the USPTO on March 24, 2005. (Please see automated return receipt confirmation of transmission.)

Applicant was informed by a PTO representative that the New Power of Attorneys have not been entered for any of the cases listed on Attachment A. Please scan the New Power of Attorneys immediately to reflect the March 24th filing date. If you have any questions, please contact the undersigned. Thank you.

In the above identified application.

No additional fee is required.
 A check in the amount of _____ is attached.
 The Director is hereby authorized to charge and credit Deposit Account No. 50-1225 as described below.
 Charge the amount of _____
 Credit any overpayment.
 Charge any additional fee required.
 Payment by credit card. Form PTO-2036 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.



Signature
David L. Hauser, Reg. No. 42,643
Edwards Lifesciences LLC
One Edwards Way
Legal Department
Irvine, California 92614
Telephone No.: (949) 250-6878
Facsimile No.: (949) 250-6850

Dated: June 20, 2005

I hereby certify that these papers and all enclosures are being sent via facsimile on June 20, 2005 to Commissioner for Patents or facsimile (703) 872-9306.


Signature of Person Sending Correspondence

Melisa Sanchez
Typed or Printed Name of Person Sending Correspondence

cc:

TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.

See Attachment A

In Re Application Of: See Attachment A

| Application No. See Attachment A | Filing Date See Attachment A | Examiner | Customer No. 30452 | Group Art Unit | Confirmation No. |
|-------------------------------------|---------------------------------|----------|-----------------------|----------------|------------------|
|-------------------------------------|---------------------------------|----------|-----------------------|----------------|------------------|

Title: See Attachment A

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COMMISSIONER FOR PATENTS:

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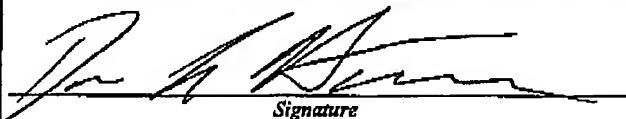
Attached please find a Duplicate Revocation of Power of Attorney and Appointment of New Power of Attorney for each of the applications and patent listed on Attachment A which were faxed to the USPTO on March 24, 2005.
 (Please see automated return receipt confirmation of transmission.)

Applicant was informed by a PTO representative that the New Power of Attorneys have not been entered for any of the cases listed on Attachment A. Please scan the New Power of Attorneys immediately to reflect the March 24th filing date. If you have any questions, please contact the undersigned. Thank you.

In the above identified application.

- No additional fee is required.
- A check in the amount of _____ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. 50-1225 as described below.
 - Charge the amount of _____
 - Credit any overpayment.
 - Charge any additional fee required.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

Dated: June 20, 2005

David L. Hauser, Reg. No. 42,643
 Edwards Lifesciences LLC
 One Edwards Way
 Legal Department
 Irvine, California 92614
 Telephone No.: (949) 250-6878
 Facsimile No.: (949) 250-6850

I hereby certify that these papers and all enclosures are being sent via facsimile on June 20, 2005 to Commissioner for Patents at facsimile (703) 872-9306.



Signature of Person Sending Correspondence

Melissa Sanchez

Typed or Printed Name of Person Sending Correspondence

CC:

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY and
APPOINTMENT OF NEW
POWER OF ATTORNEY**

| | |
|----------------------|------------------|
| Application Number | See Attachment A |
| Filing Date | " " |
| First Named Inventor | " " |
| Art Unit | |
| Examiner Name | |
| Attorney Docket | See Attachment A |

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: **30452**

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

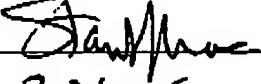
| | | | | |
|--|-----------------------------------|-------|--------------|-----|
| <input checked="" type="checkbox"/> Firm or Individual Name | David L. Hauser | | | |
| Address | Edwards Lifesciences LLC | | | |
| Address | One Edwards Way, Legal Department | | | |
| City | Irvine | | | |
| Country | USA | State | CA | ZIP |
| Telephone | 949 250-6878 | Fax | 949 250-6850 | |

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|----------------|
| Name | Stanton J. Rowe | | |
| Signature |  | | |
| Date | 3-24-05 | Telephone | (949) 250-6860 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Percutaneous Valve TechnologiesApplication No./Patent No.: See Attachment A Filed/Issue Date: See Attachment AEntitled: See Attachment APercutaneous Valve Technologies, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

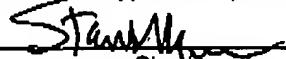
1. the assignee of the entire right, title, and interest; or2. an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014116, Frame 0647, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

3-29-05

Date

Stanton J. Rowe

949 250-6860

Printed or Typed Name

Telephone number

President

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETE D FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 3230 P. 16/16

ATTACHMENT A

| DOCKET NO. | TITLE | SERIAL NO. | FILING DATE |
|------------------|---|------------|-------------|
| PVI-5789 | IMPLANTABLE PROSTHETIC VALVE | 09/975,750 | 10/11/2001 |
| PVI-5789DIV | IMPLANTABLE PROSTHETIC VALVE | 11/045,773 | 1/29/2005 |
| PVI-5789 CIPDIV | IMPLANTABLE PROSTHETIC VALVE | 10/637,832 | 8/8/2003 |
| PVI-5790 | IMPLANTABLE PROSTHETIC VALVE WITH NON-LAMINAR FLOW | 10/677,947 | 10/2/2003 |
| PVI-5791 CON2 | VALVE PROSTHESIS FOR IMPLANTATION IN BODY CHANNELS | 10/139,741 | 5/2/2002 |
| PVI-5791 CON3 | VALVE PROSTHESIS FOR IMPLANTATION IN BODY CHANNELS | 11/110,402 | 4/20/2005 |
| PVI-5791 CON1CIP | IMPLANTING A VALVE PROSTHESIS IN BODY CHANNELS | 10/202,458 | 7/23/2002 |
| PVI-5799PRO | DEVICE AND METHOD FOR ASSISTING IN THE IMPLANTATION OF A PROSTHETIC VALVE | 60/584,903 | 6/30/2004 |
| PVI-5800 | PARAVALVULAR LEAK DETECTION SEALING AND PREVENTION | 10/883,575 | 6/30/2004 |